MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-002363

DO NOT WRITE	AMENDED	1 _	Registration District No. 181 Primary Registration District No. 4293 Registrar's No. 50
ON THIS STUB] =	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before
VS 300	e	1	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where decessed lived. If institution: Residence before a. COUNTY Lincoln admission)
Rev. 4/59		1 I –	b. CITY (If outside corporate limits, give TOWNSHIP only) Length of stay in 1b c. CITY
, ,	AMENDED		10 years 10
0570			c. FULL NAME OF (If NOT in hospital, give location) Inside Limits d. STREET (If outside, give location) Reside on Farm
3570	DATE]]_	HOSPITAL OR Sunset Retirement Home Yes X No ADDRESS Kisberry, Mo. Yes No No E
3	7	 -	3. NAME OF DECEASED First Middle Last 4. DATE Month Day Year (Type or print) ANNIE RIIZARETH MAYES DEATH Jan. 1, 1963
4	1 1	-	5. SEX 6. COLOR OR RACE 7. Married Never Married 8. DATE OF BIRTH 9. AGE (lest birthday) IF UNDER 1 YEAR IF UNDER 24 H
5 Z			female White Widowed T Divorced 11-20-74 88 Months Days Hours Min.
	1 1 1 1	7	10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (City and state or country) 12. CITIZEN OF WHAT COUNTRY
6 ≨	<u> </u>		during most of working life, even if retired) own home RED Klaberry, Mo. USA
7 0		7	38. FATHER'S NAME 136. MOTHER'S MAIDEN NAME 14. NAME OF HUSBAND OR WIFE
	5	∣ 	Henry McDonald Sarah Parker R. E. Mayes
8 2 5	·		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address
94222 #		C	(Yes, no, or unknown) (If yes, give war or dates of serving no none Nelle Mitchell Elsberry, Mo.
		_⋝ ┃ ̄	18. CAUSE OF DEATH (Enter only one cause per line ONSET AND DEATH ONSET AND DEATH
10		Θ	IMMEDIATE CAUSE (a) CONABSTIVE BUSING FOILURE I DAY
11 0	519 I I	į į	IMMEDIATE CAUSE (8) CON BOST TO THE CAUSE (8)
	NSTEAD	DOCUMENT	Conditions, If any, 3 DUE TO (b) CNR, MUS CONDITIS UNS
1286-0			which gave rise to
13:2 0 =	<u> </u>	1 1	above cause (s), stating the under-
3-0			lying cause lest. J DUE TO (c)
		CERTIFICATION	PART 13. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART 1 (a) PART 13. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not releted to the terminal disease condition given in PART 1 (a)
		₹	☐ Yes ☐ No ☐ Unknow
ON BANGARATI			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I or PART II of Item 18.)
إُوْ			19. WAS AUTOPSY 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter neture of injury in PART I or PART II of Item 18.) PERFORMED? YES NO IS
,			
RIBBON		MEDICAL	INJURY a.m. p.m.
NE SE	-		20d. INJURY OCCURRED 20e. PLACE OF INJURY (e.g., in or about home, 20f. CITY, TOWN, OR LOCATION COUNTY STATE
→ =			WHILE AT WORK farm, factory, street, office bldg., etc.) NOT WHILE AT WORK
A & E	₽		23 I attended the decased from VAN 1, 63 to JAN 1, and last saw her alive on JAN 1 63
USE BLACK OR TYPEWRITER R		1	21. I stierroed the deceased from the causes started
ш <u>∑</u>	<u> 9 </u>	.	
USE	аппоня	<u>გ</u>	22e. SIGNATURE (Degree or title) 22b. ADDRESS 22c. DATE, SIGN
_ <u>}</u>	ほ		X
-	 	∤≹ I 2	23a. BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY COLUMN (City, town, or county) (State)
1	2	AFFIDAVIT	REMOVAL (Specify) Burial Jan. 3, 1953 City Elsberry, Mo.
1	TEM		24. FUNERAL DIRECTOR ADDRESS 25. DATE RECD. BY LOCAL REG. 26. REGISTRAR'S SIGNATURE
•	≌	≿	Ricks Funeral Home Elsberry, Mo. 17/63 Law T Tenace

STATEMENT BY LICENSED EMBALMER

7.

1204 0

I hereby certify that the body whose name is	recorded on the reverse side of this certificate was embalmed by me
or by	Student Embalmer No
working under my personal supervision. Student	Signed Starlow Red
Signature of Student Embalme®	
	Licensed Embalmer No
	P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.